



West and Central African Cholera Platform

- 1. Objective of the platform
- 2. Reporting and surveillance tools & data
- 3. Data collection and challenges

Presenter:
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On behalf of regional cholera platform

Financial partners in 2019:



More information: www.plateformecholera.info

1. What is the regional cholera platform?

Objective:

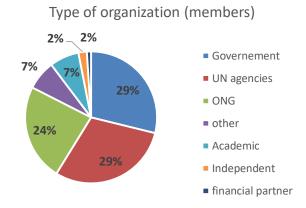
The objective of the cholera platforms is to contribute to GTFCC at the country level through the operationalization of the GTFCC Roadmap.

The main three axes of work of the platforms are:

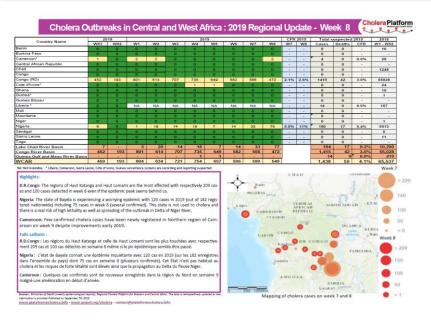
- Axis 1: Early detection, preparedness and response to contain outbreaks
- Axis 2: Prevention of disease occurrence by targeting multisectoral interventions in cholera hotspots.
- Axis 3: An effective knowledge exchange and information management at regional level.

3 main circles of members:

- -Secretariat liaising with partners in countries (UNICEF/WHO)
- -Decisional members in Dakar (<20 members)
- -Operational members (> 1.000 members in 24 countries) some of them acting as focal point per country



1. Reporting and surveillance tools & data





Cholera regional update:

- Every 2 weeks
- Page 1: Epidemiological data analyzed
- Page 2: Alert, knowledge sharing, monitoring, technical information...

Real time cholera mapping:

- Updated every 2 weeks
- New tool soon aligned with East Africa Provide overall regional cholera situation with historical data (admin 1 or admin 2 level)

1. Reporting and surveillance tools & data

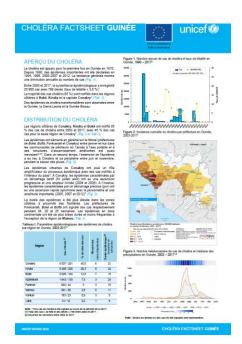
Countries	Data available since	Countries	Data available since
Benin	2009	GNB	1996
Burkina	2005	Mali	2003
Cameroon	2010	Niger	2008
CAR	2012	Nigeria	2010
Chad	2004	Liberia	2013
Congo	2012	Sierra Leone	2012
CIV	2002	Togo	2006
Ghana	1998	Congo DR	2009
Guinea	2003		

Cholera factsheets:

- Epidemiological analysis at country level based on historical information
- Hotspots mapping
- 12 countries with factsheets
- 2 currently on-going despite lack of data (SL, Liberia)

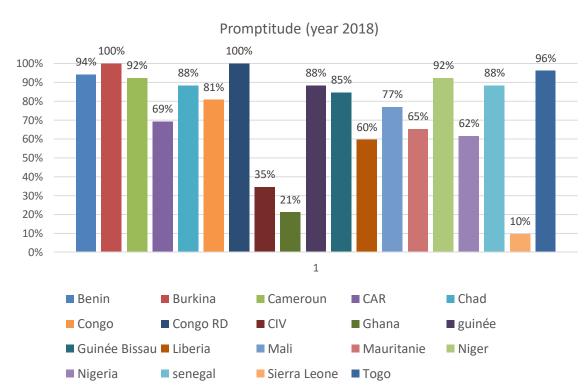
Cholera historical data:

- Data base of historical data
- Per week at admin 2 level (in most countries)
- Gap of data: Liberia, Gabon, CAR, Congo
- Others countries are cholera free: Senegal, Gambia, Sao Tome, Cabo Verde, Mauritania, Guinea Eq.



5. Data collection and challenges

- Data are always coming from MoH of all countries. However, they are sent by countries to regional level through different networks (MoH, WHO or UNICEF)
- Not all countries sharing data timely (refer to graph on promptitude)
- Not all countries sharing data at admin 2 level
- Need friendly network at country level to access data when this should be professional sharing
- Data sharing among members of GTFCC can be a challenge (possibility to create big database?)





Thanks for your attention.

Any questions?

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